



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form **ORIGINAL**
Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CORPUS CHRISTI HUMAN RESOURCE MANAGEMENT ASSOCIATION		D Employer identification number 74-2774677
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number () -
	P.O. BOX 9064		F Group Exemption Number ▶
	City or town, state or country, and ZIP + 4 CORPUS CHRISTI, TX 78469		

G Accounting method Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

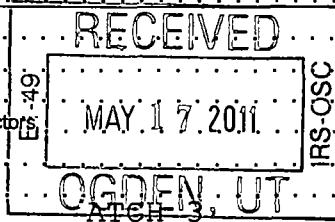
I Website: ▶ WWW.CCHRMA.ORG
J Tax-exempt status (check only one): 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 75,949.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,500.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	10,140.
	4 Investment income	4	644.
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6 b	61,665.	
c Less: direct expenses gaming and fundraising events	6 c	55,399.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	6,266.	
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	20,550.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,562.
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	800.
	13 Professional fees and other payments to independent contractors	13	456.
	14 Occupancy, rent, utilities, and maintenance	14	80.
	15 Printing, publications, postage, and shipping	15	20,998.
	16 Other expenses (describe in Schedule O)	16	23,896.
	17 Total expenses. Add lines 10 through 16	17	-3,346.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,554.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	36,208.	



SCANNED JUN 14 2011

P 13

Part V Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ		
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Melissa Harrison* Date: *May 11, 2011*
 Type or print name and title: *MELISSA HARRISON - Chapter President*

Paid Preparer Use Only
 Print/Type preparer's name: *JOHN HENDERSON* Preparer's signature: *[Signature]* Date: *5/6/11* Check if self-employed PTIN: *P00544430*
 Firm's name: *SWANK & SALCH P.C.* Firm's EIN: *74-2727608*
 Firm's address: *802 N. CARANCAHUA, SUITE 310 CORPUS CHRISTI, TX 78401* Phone no: *361-883-8151*

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		SEMINAR (event type)	SEMINAR (event type)	3. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	27,490.	9,820.	24,355.	61,665.
	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)	27,490.	9,820.	24,355.	61,665.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	25,748.	1,241.	28,410.	55,399.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(55,399.)
11	Net income summary. Combine line 3, column (d), and line 10				6,266.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ASSOCIATION CORPUS CHRISTI HUMAN RESOURCE MANAGEMENT

Employer identification number
74-2774677

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	644.
TOTAL	<u>644.</u>

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BEST PLACES TO WORK	27,490.	25,748.	1,742.
LABOR LAW SEMINAR	9,820.	1,241.	8,579.
CAREER EXPO	8,150.	3,310.	4,840.
MONTHLY LUNCHEONS, NEWSLETTER	16,205.	25,100.	-8,895.
TOTALS	<u>61,665.</u>	<u>55,399.</u>	<u>6,266.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,069.
TRAVEL	3,291.
CONFERENCES, CONVENTIONS	7,077.
DUES	1,804.
OFFICER INSURANCE	984.
TEMPORARY STAFFING SERVICES	2,388.
BANK SERVICE CHARGES	30.
PROFESSIONAL DEVELOPMENT	1,001.
ADVERTISING	1,933.
PROCESSING FEES	421.
TOTAL	<u>20,998.</u>

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	5,922	5,932

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization ASSOCIATION	CORPUS CHRISTI HUMAN RESOURCE MANAGEMENT	Employer identification number 74-2774677
---	--	--

ATTACHMENT 4 (CONT'D)FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	33,632.	30,276.
TOTALS	<u>39,554.</u>	<u>36,208.</u>

ATTACHMENT 5FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMITTED TO THE HUMAN RESOURCE PROFESSION AND TAKING A LEADERSHIP
 ROLE IN PROVIDING INFORMATION, PROGRAMS AND SERVICES IN SUPPORT OF
 ITS MEMBERSHIP TO DEVELOP PERSONALLY AND PROFESSIONALLY.

Corpus Christi Human Resource Management Association
 Form 990EZ, Part IV - List of Officers, Directors and Trustees

Name and Address	Title and Average Hours Per Week	Compensation	Contributions to Employee Benefit Plans	Expense Account & Other Allowances
Bill Hibbs 321 Texan Trail, Suite 100 Corpus Christi, TX 78411	President 5-7 hours	None	None	None
Sharon Kollaja 3833 S Staples, Suite N103 Corpus Christi, TX 78411	Past President 1-2 hours	None	None	None
Melissa Harrison P O Box 9064 Corpus Christi, TX 78469	President Elect 5-7 hours	None	None	None
Charlotte Castaneda P O Box 9064 Corpus Christi, TX 78469	Secretary 1-2 hours	None	None	None
Omar Vera 710 Buffalo Ste 700 Corpus Christi, TX 78401	Treasurer 1-2 hours	None	None	None
Carol Duque P O Box 9064 Corpus Christi, TX 78469	Legislative 1-2 hours	None	None	None
Vicki Daniels 500 N Shoreline #700 Corpus Christi, TX 78471	Membership 1-2 hours	None	None	None
Angelina Olivares P O Box 9064 Corpus Christi, TX 78469	Newsletter 1-2 hours	None	None	None
Eileen Butler P O Box 9064 Corpus Christi, TX 78469	Programs 1-2 hours	None	None	None

Corpus Christi Human Resource Management Association
 Form 990EZ, Part IV - List of Officers, Directors and Trustees

Name and Address	Title and Average Hours Per Week	Compensation	Contributions to Employee Benefit Plans	Expense Account & Other Allowances
Ronda Ramos 3833 S Staples Corpus Christi, TX 78411	Publicity 1-2 hours	None	None	None
Anthony Barrera P.O. Box 8150 Corpus Christi, TX 78468	Website 1-2 hours	None	None	None
Cindy Hanson P.O. Box 9064 Corpus Christi, TX 78469	College Relations 1-2 hours	None	None	None
Julio Garcia 4428 Kostoryz Corpus Christi, TX 78415	Certification 1-2 hours	None	None	None
Leslie Smith P.O. Box 9064 Corpus Christi, TX 78469	Diversity 1-2 hours	None	None	None
Norma Ochoa 5402 S Staples Corpus Christi, TX 78411	Workforce Readiness 1-2 hours	None	None	None
Janice Cubellis P.O. Box 9064 Corpus Christi, TX 78469	Best Places 1-2 hours	None	None	None
Michelle Flower P.O. Box 9064 Corpus Christi, TX 78469	SHRM Foundation Liason 1-2 hours	None	None	None
Leslie Vlissides P.O. Box 870 Corpus Christi, TX 78468	HR Southwest Ambassador 1-2 hours	None	None	None
Grand Totals		None	None	None